

DFW

Patent Application
Attorney Docket No. PC25937A

hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 12th day of October, 2005.

By

Rebecca Pesantez
(Signature of person mailing)
Rebecca Pesantez

(Typed or printed name of person)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: KATH ET AL.

APPLICATION NO.: 10/733,215

: Examiner: Balasubramanian, V.

FILING DATE: DECEMBER 11, 2003

: Group Art Unit: 1624

TITLE: PYRIMIDINE DERIVATIVES FOR THE
TREATMENT OF ABNORMAL CELL
GROWTH

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

SUPPLEMENTARY INFORMATION DISCLOSURE STATEMENT
PURSUANT TO 37 C.F.R. § 1.97 ET SEQ.

Applicants herein make available to the U.S. Patent and Trademark Office a copy of PTO-FB-A820 which lists the references cited by the applicants, copies of which are enclosed.

The Examiner is requested to consider carefully the complete text of these references in connection with the examination of the above-identified application in accord with 37 C.F.R. § 1.104(a). It is believed the Examiner will concur with applicant's belief that the subject matter presently claimed is neither anticipated nor rendered obvious by the foregoing references.

It is requested that the references listed on the attached form PTO/FB/A820 be included in the "References Cited" portion of any patent issuing from this application (M.P.E.P. § 1302.12).


Please charge all appropriate fees to cover this submission to Pfizer Deposit Account No. 16-1445.

10/17/2005 HLE333 00000088 161445 10733215
01 FC:1806 180.00 DA

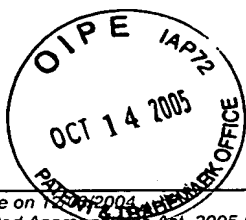
A prompt and favorable response is earnestly solicited.

Respectfully submitted,

Date: October 12, 2005


Pamela C. Ancona, Ph.D.
Attorney for Applicants
Reg. No. 41,494

Pfizer Inc
Patent Department, 5th Floor
150 East 42nd Street
New York, NY 10017-5755
(212)733-6031



Effective on 10/1/2004
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment (\$) 180.00

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account: Deposit Account number 16-1445 Deposit Account Name Pfizer Inc
For the above identified deposit account, the Director is authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
- ☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.1.6 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING FEE

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees paid
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP=	x	=
HP= highest number of total claims paid for, if greater than 20		

Indep. Claims - 3 or HP= Extra Claims Fee (\$) Fee Paid (\$)

HP= highest number of total claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fees Paid (\$)
- 100=	/50	(round up to a whole number)	x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of Supplementary Information Disclosure Statement

Fees Paid (\$)

180.00

Submitted

Name (Printed/Type)	<u>Pamela C. Ancona, Ph.D.</u>	Registration No.	<u>41,494</u>	Telephone	<u>(212) 733-6031</u>
Signature	<u>[Signature]</u>	(Attorney Agent)			<u>10/12/05</u>

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-pto-9199 and select option 2.

